

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln.: Jay C. Engstrom
Serial No.: 10/664,109
Filed: September 17, 2003
For: TREE CLIMBING APPARATUS
Attorney: Gerald E. Helget
Attorney Docket No.: 33154.9
Group Art Unit: 3634
Examining Atty: Bruce Allen Lev
Additional Fees: Charge to Briggs & Morgan P.A. Deposit Account 023732

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

TRANSMITTAL COVER LETTER

Enclosed for filing, please find the following:

1. Fee Transmittal FY 2005 (1 page)(in duplicate);
2. Request for Continued Examination Transmittal (1 page)(in duplicate);
3. Request for Continued Examination (8 pages);
4. One (1) sheet of corrected drawings;
5. Check in the amount of \$395.00 (RCE filing fee); and
6. Postcard Receipt.

Respectfully submitted,

Dated: 11-16-04

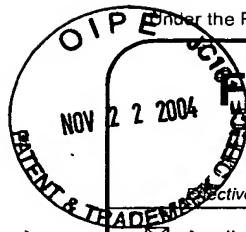
By N.R. Capes
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CERTIFICATE OF MAILING

I hereby certify that this document, along with the documents referenced above, are being deposited with the United States Postal Service via First Class Mail, in an envelope addressed to: MAIL STOP RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

By: N.R. Capes
Date: 11-16-04

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FEET TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 395

Complete if Known	
Application Number	10/664,109
Filing Date	September 17, 2003
First Named Inventor	Jay C. Engstrom
Examiner Name	Bruce Allen Lev
Art Unit	3634
Attorney Docket No.	33154.9

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
Order
 Deposit Account:

Deposit Account Number

Deposit Account Name

The Director is authorized to: (check all that apply)

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- Charge fee(s) indicated below
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- Charge any additional fee(s) or any underpayment of fee(s)
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- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20 **	=	0	X	Fee from below	=	0	Fee Paid
Independent Claims	-3 **	=	0	X		=	0	
Multiple Dependent				X		=	0	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1202	18	2202	9
1201	88	2201	44
1203	300	2203	150
1204	88	2204	44
1205	18	2205	9
SUBTOTAL (2)		(\$ 0)	

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			

SUBTOTAL (3) (\$ 395

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Nelson R. Capes	Registration No. (Attorney/Agent)	37,106	Telephone 612-977-8486
Signature		Date	11-16-04	

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